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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/986,367	
	Issued Date	November 8, 2001	
	First Named Inventor	David H. McDaniel	
	Group Art Unit	3739	
	Examiner Name	Ahmed M. FARAH	
Total Number Of Pages In This Submission	13	Attorney Docket No.	509582000221

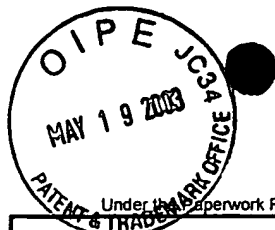
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 2 month	<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm Or Individual Name	Wayne C. Jaeschke, Jr., Reg. No. 38,503
Signature	
Date	May 19, 2003

CERTIFICATE OF HAND DELIVERY	
I hereby certify that this correspondence is being hand filed with the United States Patent and Trademark Office in Washington, D.C. on May 19, 2003.	
Debbie Labriny	

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FEE TRANSMITTAL for FY 2003		Complete if Known	
		Application Number	09/986,367
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 8, 2001
		First Named Inventor	David H. McDaniel
		Examiner Name	Ahmed M. FARAH
TOTAL AMOUNT OF PAYMENT (\$)		410.00	Attorney Docket No. 509582000221
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 03-1952		Fee Code Fee (\$)	
Deposit Account Name Morrison & Foerster LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Paid	
1001 750 2001 370 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 510 2003 255 Plant filing fee			
1004 740 2004 370 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims -20** = 18 x 18 = 324			
Independent Claims -3** = 84 x 84 = 7056			
Multiple Dependent 280 = 280			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Wayne C. Jaeschke, Jr.		Registration No. 38,503	
Signature		Telephone (703) 760-7756	
		Date May 19, 2003	

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